





# Iowa High School and Scholastic Clay Target Program 2012-2013 TEAM REGISTRATION FORM



(TO BE COMPLETED & SUBMITTED BY HEAD COACH ONLY)

Team Name				
Is your team affiliated with schoo	i? NO	YES:		
Please submit on scho school team or		verification th	at Team	_
DISCIPLINE: (Check ALL that apply)				
American Versions:	TRAP	SPORTING	CLAYS	SKEET
International/Olympic Versions:	OLYMPIC T	RAP (Bunker)	INT'	L SKEET
"HOME" GUN CLUB OR SHOOTI	NG FACILITY (w	here team regular	ly conduct	s practice)
Name:				
Facility's "Physical" Address (no PO Boxe	es):			
City		State	Z	/ip
Contact Person	D	aytime Phone (	)	
Fax Number ()	*Email Ad	dress:		
Facility's "Official" Mailing Address, if dif	ferent from Physical	Address:		

#### **TEAM MEMBER INFORMATION:**

# → Important – Please Read and Heed ←

The DEADLINE for registering an athlete on a team's roster is 30 days prior to the team's first event in the discipline(s) for which it is registered. All forms must be completed and RECEIVED in the DNR/SSSF's SCTP Headquarters 30 days prior to the team's first event, or May 1<sup>st</sup>, whichever comes first.

# **INITIAL TEAM REGISTRATION REQUIREMENTS:**

- TRAP: Minimum of FIVE (5) registered athletes in one SCTP Division.
- <u>SKEET AND SPORTING CLAYS</u>: Minimum of THREE (3) registered athletes in one SCTP Division.
- <u>INTERNATIONAL SKEET AND OLYMPIC TRAP</u>: Minimum of THREE (3) registered athletes.

**⇒**ADDITIONAL MEMBERS MAY BE REGISTERED AT ANYTIME PRIOR TO THE DEADLINE DATE. ←



Head Coach's Last Name:	

### **REQUIRED FORMS**:

- ► TEAM FORM Completed by head coach
- ▶ **HEAD COACH FORM** Completed and Signed by head coach
- ► ASSISTANT COACH/ADULT VOLUNTEER FORM Completed and Signed by assistant/volunteer
- ▶ **CONSENT and WAIVER FORM** Completed and Signed by the athlete and a parent or guardian
- ► <u>SPORTSMANSHIP CONTRACT FORM</u> Signed by the athlete and a parent or guardian (retained by coach do not send to DNR/SSSF)

Note: Athletes 18 years of age or older are not required to have a parent or guardian sign the Consent and Waiver Form, but the athlete must sign the form. Submission of the form is required.

## **TEAM REGISTRATION FEES (Required for SCTP)**

ATHLETE: \$15 per Athlete X \_\_\_\_\_ = \$\_\_\_\_\_

COACH: \$25 per coach X = \$

TOTAL INITIAL TEAM REGISTRATION FEE: \$

AFTER MAY 1st, LATE FEE APPLIES, ADD \$25

#### **COMPLETE TEAM REGISTRATION**

To complete TEAM REGISTRATION, payment can be made on-line with credit card or by check (payable to SSSF) through the U.S. Mail

If participating in SCTP:

Mail originals <u>and payment</u> to: S.S.S.F. / SCTP Headquarters

51863 Schoenherr Road

Ste. 202

Shelby Township, MI 48315

Phone: 586-737-0805

\*NOTE if coaches complete online registration with SSSF (www.shootSCTP.org), only athlete consent/waiver forms must be submitted to national headquarters. If the coach has no access to the web, this form and all accompanying Athlete Registration Consent & Waiver forms must be submitted. In either case, the required forms must be received at least 30 days prior to your first event, or May 1<sup>st</sup>, whichever occurs first. Iowa DNR requires hard copies of all forms.

Mail Copies to: Iowa DNR Shooting Sports Program

**Wallace State Office Building** 

**502 East 9<sup>th</sup> St.** 

Des Moines, Iowa 50319 Phone: 515-281-5918

**DO NOT Send payment to the Iowa DNR** 

The Head Coach must retain a copy of all forms